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CONFIRMATION NO. 3193

<b>SERIAL NUMBER</b> 10/664,406	<b>FILING OR 371(c) DATE</b> 09/19/2003 <b>RULE</b>	<b>CLASS</b> 280	<b>GROUP ART UNIT</b> 3618	<b>ATTORNEY DOCKET NO.</b> 964-031480	
<b>APPLICANTS</b> Torsten Leifert, Gogelsen, GERMANY;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b> <i>OK BO 4/4/07</i> GERMANY 102 44 769.1 09/26/2002					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/08/2003</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged		Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		
<b>ADDRESS</b> 28289					
<b>TITLE</b> Mobile machine					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		